

26-40-106. Program benefits.

(1) Until the department implements a plan under Subsection (2), program benefits may include:

- (a) hospital services;
- (b) physician services;
- (c) laboratory services;
- (d) prescription drugs;
- (e) mental health services;
- (f) basic dental services;
- (g) preventive care including:
 - (i) routine physical examinations;
 - (ii) immunizations;
 - (iii) basic vision services; and
 - (iv) basic hearing services;
- (h) limited home health and durable medical equipment services; and
- (i) hospice care.

(2) (a) Except as provided in Subsection (2)(d), no later than July 1, 2008, the medical program benefits shall be benchmarked, in accordance with 42 U.S.C. Sec. 1397cc, to be actuarially equivalent to a health benefit plan with the largest insured commercial enrollment offered by a health maintenance organization in the state.

(b) Except as provided in Subsection (2)(d), after July 1, 2012:

(i) medical program benefits may not exceed the benefit level described in Subsection (2)(a); and

(ii) medical program benefits shall be adjusted every July 1, thereafter to meet the benefit level described in Subsection (2)(a).

(c) The dental benefit plan shall be benchmarked, in accordance with the Children's Health Insurance Program Reauthorization Act of 2009, to be equivalent to a dental benefit plan that has the largest insured, commercial, non-Medicaid enrollment of covered lives that is offered in the state, except that the utilization review mechanism for orthodontia shall be based on medical necessity. Dental program benefits shall be adjusted on July 1, 2012, and on July 1 every three years thereafter to meet the benefit level required by this Subsection (2)(c).

(d) The program benefits for enrollees who are at or below 100% of the federal poverty level are exempt from the benchmark requirements of Subsections (2)(a) and (2)(b).

Amended by Chapter 279, 2012 General Session